

295746

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 280 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Dewey Jacobs Jr.Telephone: (803) 587-9468

Address: 489 Denman Loop Rd.  
Columbia, SC 29229

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: dewj1121@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED  
FSCC  
12/2/2020

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 11/18/20

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

Jacobs Transportation Service LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

489 Denman Loop Rd. Columbia, SC 29229

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(803) 587-9468

Phone

Fax

dewj1121@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Dewey Jacobs Jr. 489 Denman Loop Rd. Columbia, SC 29229

Lakeyda Jacobs 489 Denman Loop Rd. Columbia, SC 29229

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$ 155,000	Mortgage/Loan on Real Estate	\$ 91,000
Value of Motor Vehicles	\$ 35,000	Loans Owed on Motor Vehicles	\$ 12,000
Cash on Hand	\$ 90,000	Business/Other Loans Owed	
Cash in Bank	\$ 90,000	Other Liabilities or Debts	\$ 5,000
Value of Other Assets and Equipment		Total Liabilities	\$ 108,000
Total Assets	\$ 370,000		

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Weekday  
Business Hours

Weekends & off hrs

Holidays

Wheelchair \$45 - \$50  
Base Rate

\$75 - \$90

\$85 - 100

Stretcher Base Rate  
\$100 - \$200

\$125 - \$225

\$150 - 250

additional mileage fee  
\$3 - 5 per mile

\$5 - 7 per mile

\$5 - 10 per  
mile

normal mileage fee  
\$1.75 - 5.00

\$2.00 - 5.00

\$5.00 - 5.00

Wait-time fee  
(per 30 mins)

\$15 - 30

\$15 - 30

\$25 - 50

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |  |   |
|-------------------------------------|---------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee                 | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington           | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion              | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro            | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick           | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry            | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee              |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg          | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens             |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input checked="" type="checkbox"/> Richland |   |

(mostly)

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Toyota	2014	5TDK1RFH4ES017828	1,500 (?)	NO
*Will	purchase another vehicle with		wheel chair lift	*

**INSURANCE QUOTE**This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Dewey Jacobs Jr.

Name of Applicant

489 Denman Loop Rd. Columbia, SC 29229

Address of Applicant

**Amount of Premium:**Liability Insurance \$ 29,824.00The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	\$ <u>1,000,000</u>
Medical Payments per Person	\$ 1,000	\$ <u>1,000</u>

Wil Plyler Insurance Agency

Name of Insurance Company

596 Herrons Ferry Rd Ste 101 Rock Hill, SC 29730

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

12/2/2020 4:38 PM FROM: Office Depot #2127 P. 6 / 16

Exhibit Fit, Willing, and Able (FWA)Dewey Jacobs Jr.  
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Deway Jacobs Jr.  
Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Richland )

SWORN TO BEFORE ME

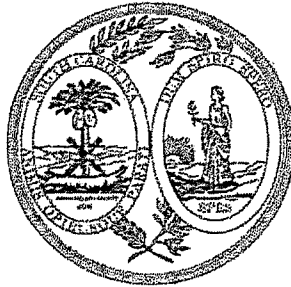
This 2 day of December, 20 20

[Signature]  
Notary Public

Commission Expires 06/05/2030

Print Application

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Jacobs Transportation Service, LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 22nd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

RECEIVED  
FEB 03 2020  
FSC SC  
LEGAL, DMS

Given under my Hand and the Great Seal  
of the State of South Carolina this 22nd  
day of October, 2020.

A handwritten signature of Mark Hammond in black ink.  
Mark Hammond, Secretary of State

12/2/2020 4:38 PM FROM: Office Depot #2127 P. 9 / 16

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 201022-1601534

Filing Date: 10/22/2020

Oct 22 2020

REFERENCE ID: 637639

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Jacobs Transportation Service, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
489 Denman Loop Rd

(Street Address)

Columbia, South Carolina 29229

(City, State, Zip Code)

3. The initial agent for service of process is

Dewey Jacobs

(Name)

*Dewey Jacobs*

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
489 Denman Loop

(Street Address)

Columbia South Carolina 29229

(City) (Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Dewey Jacobs

(Name)

489 Denman Loop Rd

(Street Address)

Columbia, South Carolina 29229

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Oct 22 2020

REFERENCE ID: 637639

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

Jacobs Transportation Service, LLC

Name of Limited Liability Company

(b)

Lakeyda Jacobs

(Name)

489 Denman Loop Rd

(Street Address)

Columbia, South Carolina 29229

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

12/2/2020 4:38 PM FROM: Office Depot #2127 P. 11 / 16

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Oct 22 2020

REFERENCE ID: 637639

  
SECRETARY OF STATE OF SOUTH CAROLINA

Jacobs Transportation Service, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Dewey Jacobs

Signature of Organizer

Date: 10/22/2020

Lakeyda Jacobs

Signature of Organizer

Date: 10/22/2020



**SOUTH CAROLINA SECRETARY OF STATE  
BUSINESS FILING DOCUMENT REQUEST FORM**

**\*\*A web application is now available to expedite document requests. Go to <https://web.sc.gov/SOSDocumentRetrieval/> \*\***

All Business Filing Document Request Forms must be filled out completely and accurately and be accompanied by the proper fee. The Secretary of State's Office will not process document requests without having the proper fee attached to the request. A list of fees may be found below. If you have a question about the number of pages that a document may contain, please contact the Corporations Division at (803) 734-2158.

Please be aware that documents filed with the Secretary of State's Office prior to 1986 may be located at the South Carolina Department of Archives. If a document that you have requested at Archives, our office will notify you as soon as possible with the information necessary to obtain the document directly from Archives.

Date of request: 11/18/20

Person requesting document: Dewey Jacobs Jr. Contact Number: (803) 587-9468

**You must include a self addressed stamped envelope with your payment and this form to ensure the documents are returned to the proper person.**

Mail to: South Carolina Secretary of State  
Attn: Corporations Division  
1205 Pendleton St, Ste. 525  
Columbia, SC 29201

**South Carolina Attorneys Only**

Firm Name: \_\_\_\_\_

Person Requesting Documents: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of entity: Jacobs Transportation Service, LLC

Date of incorporation or organization of the entity: 10/22/20

Check the type of document(s) you would like copies of:

☐ Specific Documents (Please list types of documents – for example, Article of Incorporation)

☐ All documents filed with the Secretary of State's Office related to the entity

☐ Certificate of Existence (we do not certify certificates) ..... \$10.00

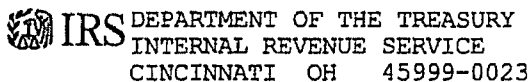
☐ Certified Copy: First page of each document..... \$3.00

Additional pages..... \$ .50 per page

☐ Fax/Email Fee (available until September 1, 2015)..... \$10.00 per 10 pages

***We do not accept starter checks; your name, address and check number must be preprinted on your check.***

12/2/2020 4:38 PM FROM: Office Depot #2127 P. 14 / 16



Date of this notice: 10-26-2020

Employer Identification Number:

\_\_\_\_\_

Form: SS-4

Number of this notice: CP 575 B

JACOBS TRANSPORTATION SERVICE LLC  
DEWEY JACOBS JR MBR  
489 DENMAN LOOP  
COLUMBIA, SC 29229

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you \_\_\_\_\_ EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

10-26-2020 JACO B 9999999999 SS-4

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

Your name control associated with this EIN is JACO. You will need to provide this information, along with your EIN, if you file your returns electronically.

CP 575 B (Rev. 7-2007)

99999999999999

NOBOD

JACOBS TRANSPORTATION SERVICE LLC  
DEWEY JACOBS JR MBR  
489 DENMAN LOOP  
COLUMBIA, SC 29229



## Account Summary For Jacobs Transportation Service LLC

Quote #: 11135164

Status: Pending

Policy Type: AP

Originally Quoted: 11/05/2020 11:56 AM EST  
 Quote Printed: 11/25/2020 9:52 AM EST  
 Proposed Effective: 11/25/2020 12:00 AM EST  
 Proposed Expiration: 11/25/2021 12:00 AM EST

Quoted By: Kevin Kreutzer  
 AmWINS Transportation Underwriters,  
 4725 Piedmont Row Drive  
 Charlotte, NC 28210  
 Phone - (704) 749-2700

kevin.kreutzer@amwins.com

DOT #: Unknown  
 MC #: Unknown

<u>Symbol</u>	<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
7	Liability	1,000,000 CSL	24,661
7	UM - BIPD	100,000 CSL	1,453
7	UIM - BIPD	100,000 CSL	1,453
7	Medical Payments	1,000	453
7	Physical Damage	See Specific Unit	1,804
	Total Ins Value	20,500	
Total			<b>\$29,824.00</b>

Revision: 71SC2020R01

## Vehicle Information

NICO-Rate Version: 8.6.38456.1279

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>Al/Lessor</u>	<u>Unit Sub Total</u>
1 2014 TOYOTA HIGHLANDER	15,030	1,129	1,129	355	1,109	N/A	N/A	18,752
Comp/Coll \$10,000	Deductible: 1,000/1,000							
Radius: Up to 100 Miles								
2 2004 CHRYSLER TOWN & COUNTRY	9,631	324	324	98	695	N/A	N/A	11,072



<u>Unit</u>		<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/</u> <u>In-Tow</u>	<u>AI/Lessor</u>	<u>Unit</u> <u>Sub Total</u>
Comp/Coll	\$10,500	Deductible: 1,000/1,000							
Radius:	Up to 100 Miles								

# Driver Information for Jacobs Transportation Service LLC

NICO-Rate for South Carolina

Columbia Insurance Company

Policy Driver Rating Factor: 0.9000

Quote #: 11135164

Revision: 71SC2020R01

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>	<u>Years Exp.</u>	<u>Total Points</u>	<u>Points Factor</u>	<u>Age Factor</u>	<u>Driver Factor</u>	<u>Mid-term</u>	<u>Unit</u>
1 Lakeyda Jacobs					1.0000				
2 Dewey Jacobs			0	0	1.0000	0.9000	0.9000		